

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4		
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE07-02-D-T024</div>			2. DELIVERY ORDER/CALL NO. <div style="border: 1px solid black; padding: 2px;">0012</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2004JUL14</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA4</div>			
6. ISSUED BY TACOM WARREN AMSTA-AQ-ADBA LAURA ARTZ (586)574-7482 WARREN, MICHIGAN 48397-5000 EMAIL: ARTZL@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W56HZV</div>		7. ADMINISTERED BY (If other than 6) DCM TWIN CITIES B.H. WHIPPLE FEDERAL BUILDING ROOM 1150 1 FEDERAL DRIVE FT. SNELLING MN 55111-4007 SCD: C PAS: NONE ADP PT: HQ0339			CODE <div style="border: 1px solid black; padding: 2px;">S2401A</div>		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR CEDARAPIDS INC. 909 17TH STREET NE NAME AND ADDRESS CEDAR RAPIDS, IA. 52402-5299 TYPE BUSINESS: Large Business Performing in U.S.			CODE <div style="border: 1px solid black; padding: 2px;">31245</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED		
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS, OH 43218-2381				CODE <div style="border: 1px solid black; padding: 2px;">HQ0339</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.								
PURCHASE		<input type="checkbox"/> Oral <input type="checkbox"/> Written		Quotation _____, Dated _____.								
				furnish the following on terms specified herein.								
				ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.								
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA DAVID EPSKAMP /SIGNED/ EPSKAMPD@TACOM.ARMY.MIL (586)574-4295 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$5,232.00			
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS			
f. TELEPHONE NUMBER					g. E-MAIL ADDRESS		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-02-D-T024/0012 MOD/AMD	Page 2 of 4
Name of Offeror or Contractor: CEDARAPIDS INC.		

SUPPLIES OR SERVICES AND PRICES/COSTS

Contract: DAAE07-02-D-T024
Delivery Order: 0012
Contract For: Crushing Screening and Washing Plant (CSWP)
Delivery Order For: Award of Contractor Technical Support
Delivery Order Amount: \$5,232.00

1. This is a bilateral delivery order.
2. The purpose of this delivery order is to award to Cedarapids the tasks listed in paragraph 3 below. This modification awards five (5) man-days of Contractor Technical Assistance in accordance with CLIN 0010 of the basic contract. The support will be performed in Binghamton, NY.
3. Five man-days of Contractor Technical Assistance will be performed in Binghamton, NY. One Contractor Technical Representative will travel to New York, and assist the 204th EN BN. The Contractor is to provide:
 - Hands on training in the areas of set-up, operation, maintenance, and troubleshooting of the (CSWP)
 - Overall technical inspection of the complete CSWP.
 - Discussions of any operational, mechanical, or electrical problems.
 - Discussions of any PMCS, manual, and maintenance issues.
 - Follow-up on training issues.
 - A Contractor/Government debrief to the unit.
 - Answer any questions from the unit.
 - A final report and with recommendations.
4. The actual training days will be July 19 through 23, 2004.
5. In accordance with paragraph j of contract clause C.8 Contractor Technical Assistance (CLIN 0010AA), acceptable performance of the Contractor Technical Assistance Task will be the performance of the above stated tasks and other related tasks as assigned by the performance certifier, Mr. David Schwartz.
6. All other terms and conditions remain unchanged.

*** END OF NARRATIVE B 001 ***

Name of Offeror or Contractor: CEDARAPIDS INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT							
0010	SECURITY CLASS: Unclassified											
0010AA	<div><div><u>CONTRACTOR TECHNICAL ASSISTANCE</u></div><div>PRON: 2T4FC0392T PRON AMD: 01 ACRN: AA AMS CD: 12101300000 CUSTOMER ORDER NO: MIPR4JUSAART02 Contractor Technical Assistance at New York National Guard, 204th EN BN, in accordance with the scope of work on page two of this Delivery Order and the CLIN 0010 of the basic contract. The Performance dates are: July 19 through 23, 2004 (End of narrative B001) <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination <u>Deliveries or Performance</u><table><tr><td>DLVR SCH</td><td></td><td>PERF COMPL</td></tr><tr><td><u>REL CD</u></td><td><u>QUANTITY</u></td><td><u>DATE</u></td></tr><tr><td>001</td><td>0</td><td>30-AUG-2004</td></tr></table><div>\$ 5,232.00</div> <div>Place of Performance: Town of Windsor's Gravel pit NY Guard 204th EN BN 85 West End Ave Binghamton NY 13905 Point of contact at the Site is Chief Russ Corpin 607-729-8660 x36 POC: Sgt Beth Jones at 518/786-4304 email: Bethany.Jones@ny.ngb.army.mil. (End of narrative F001)</div></div></div>	DLVR SCH		PERF COMPL	<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>	001	0	30-AUG-2004	LO	\$ <u>5,232.00</u>
DLVR SCH		PERF COMPL										
<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>										
001	0	30-AUG-2004										

Name of Offeror or Contractor: CEDARAPIDS INC.

CONTRACT ADMINISTRATION DATA

PRON/										JOB		
LINE	AMS	CD/	OBLG							ORDER	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>					<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0010AA	2T4FC0392T	AA	1	21	42020000041810501210130253C	S44205				W56HZV	\$	5,232.00
12101300000												
MIPR4JUSAART02												
										TOTAL	\$	5,232.00
SERVICE										ACCOUNTING		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>	<u>AMOUNT</u>	
Army	AA		21	42020000041810501210130253C	S44205				W56HZV	\$	5,232.00	
										TOTAL	\$	5,232.00